Attorney's Docket No.: __42.P10986C__   Patent

In re the Application of: __Luke S. Theogarajan__
<center>(inventor(s))</center>

Application No.: __10/648,591__

Filed: __August 25, 2003__

For: __HIGH VOLTAGE TOLERANT DIFFERENTIAL INPUT RECEIVER__

<center>(title)</center>

Mail Stop Non-Fee Amendment
Commissioner For Patents ·
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR: Transmitted herewith is an Amendment for the above-referenced application.

_____ Applicant claims small entity status. See 37 CFR 1.27.

__X__ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amd.		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra	SMALL ENTITY Rate	Additional Fee	OTHER THAN A SMALL ENTITY Rate	Additional Fee
Total Claims	* 8	Minus	** 20	0	X9	$ -	X18	$ 0
Indep. Claims	* 2	Minus	*** 3	0	X43	$ -	X86	$ 0
	First Presentation of Multiple Dependent Claim(s)				+145	$ -	+290	$ 0
					Total Add. Fee	$ -	Total Add. Fee	$ 0

* If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

on _____December 23, 2003_____.
<center>Date of Deposit</center>

_____Christina Fernandez_____
<center>Name of Person Mailing Correspondence</center>

Christina Fernandez   _December 23, 2003_
Signature   Date

<center>- 1 -</center>

_____ A check in the amount of $_____ is attached for presentation of additional claim(s).

_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to 37 C.F.R. § 1.136(a).

_____ A check for $_____ is attached for processing fees under 37 C.F.R. § 1.17.

_____ Please charge my Deposit Account No. 02-2666 the amount of $_____.

A duplicate copy of this sheet is enclosed.

__X__ The Under Secretary of Commerce for Intellectual Property and Director of the United States Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2666 **(a duplicate copy of this sheet is enclosed):**
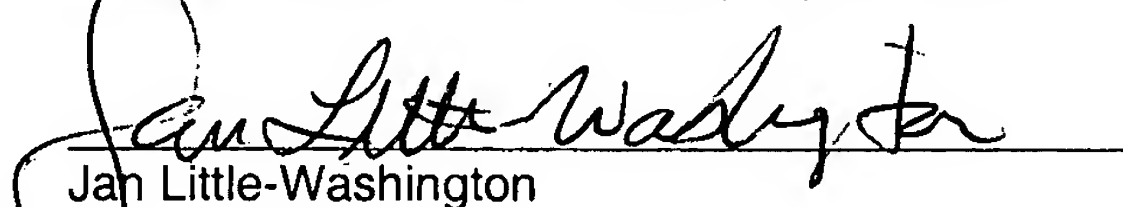
    __X__ Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.

    __X__ Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: 12/23/2003

Jan Little-Washington

Reg. No. 41,181

12400 Wilshire Boulevard
 Seventh Floor
Los Angeles, California 90025
(206) 292-8600

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(09/30/03)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
)
Luke S. Theogarajan   )   Previous Examiner: Cox, Cassandra F.
)
Serial No. 10/648,591   )   Previous Art Unit: 2816
)
Filed: August 25, 2003   )
)
For: HIGH VOLTAGE TOLERANT   )
        DIFFERENTIAL INPUT RECEIVER   )

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT UNDER 37 C.F.R. §§1.111, 1.115, AND 1.121

Sir or Madam:

Applicant submits the following Preliminary Amendment and Remarks. The Applicant respectfully requests that the Examiner enter the Amendment and consider the Remarks prior to examination of the present application. Amendments to the Specification begin on page 2 of this paper. Remarks begin on page 3 of this paper.

It is not believed that extensions of time are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. §1.136(a). Any fees required therefore are hereby authorized to be charged to Deposit Account No. 02-2666. Please credit any overpayment to the same deposit account.

Kindly enter the following Amendment and consider the following Remarks.